

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/28/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/02/2014	
NAME OF PROVIDER OR SUPPLIER  STERLING HOUSE OF BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 3802 SARE RD BLOOMINGTON, IN 47401			
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R000000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: June 30, &amp; July 1 &amp; 2, 2014</p> <p>Facility number: 011076 Provider number: 011076 AIM number: N/A</p> <p>Survey team: Angela Patterson, RN-TC Diana McDonald, RN Melissa Gillis, RN Cheryl Mabry, RN</p> <p>Census bed type: Residential: 38 Total: 38</p> <p>Census payor type: Other: 38 Total: 38 Sample: 06</p> <p>These state findings are cited in accordance with 410 IAC 16.2-5. Quality review completed on July 09, 2014; by Kimberly Perigo, RN.</p>		R000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R000217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency (e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows: (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were administered as indicated by physician's order and the facilities policy in that a blood pressure wasn't taken prior to administering a medication and a resident didn't rinse and</p>	R000217	Resident #10 MD was notified of missed blood pressure before administration of Coreg. No new order obtained. Medication error report was completed. No other residents were affected by alleged deficient practice. An audit of the Medication administration record was completed and no other residents		07/31/2014		

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	<p>spit after an inhaler for 1 of 4 randomly observed residents for medication administration. (Resident #10) (LPN #1)</p> <p>Findings include:</p> <p>1). On 6/30/14 at 2:30 p.m., LPN #1 was observed to administer Resident #10's Coreg (treat high blood pressure) 3.125 mg (milligram). No observation of blood pressure or heart rate being taken prior to administering of medication.</p> <p>At that time, When asked should vitals be taken before giving the Coreg? "The vitals [blood pressure, heart rate] were already done with the a.m. medication." LPN #1 indicated vitals were done by showing the surveyor the MAR (Medication Administration Record). When asked if she should rely on a morning vital sign " No, I should have taken my own vitals."</p> <p>Resident #10 clinical record was reviewed on 7/1/14 at 9:30 a.m. Diagnoses included but were not limited to: anemia, asthma, hypertension, chronic obstructive pulmonary disease and chronic kidney failure.</p> <p>Physician's order dated 6/1-6/30/2014 indicated " CARVEDILOL 3.125 MG TABLET TAKE 1 TABLET BY</p>		<p>were identified as being affected by alleged deficient practice. LPN #1 administered Resident #10 her Symbicort. It is recommended that with this medication that the resident must rinse and spit after the inhalation. Please see attached order from physician. No other residents were affected by alleged deficient practice. The Health and wellness director/designee will in-service nursing staff on the importance of following M.D orders and medical parameters. New hires will receive Brookdale Medication Administration Policy and in-services will occur annually. The Health and Wellness Director/Designee will audit medication administration daily for 1 week, then 4 times a week, 1 a week, monthly x2, and quarterly thereafter. Auditing will ensure Drs. parameters are followed. The Executive director/designee will monitor audit results monthly at the collaborative care review meeting and will advise on ongoing monitoring. To ensure alleged deficient practice will not recur.</p>				

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	<p>MOUTH TWICE DAILY WITH MEALS. HOLD FOR SBP [systolic blood pressure-top number] &lt;100 OR HR [heart rate] &lt;60. ...</p> <p>2). On 6/30/2014 at 2:50 p.m., LPN #1 administered Resident #10 her Symbicort inhaler without instructing the resident to swish and spit with the cup of water. Resident #10 was observed to drink the water.</p> <p>On 7/2/14 at 10:00 p.m., review of "www.mysymbicort.com, DOSAGE AND ADMINISTRATION, Symbicort ...After inhalation, the patient should rinse mouth with water without swallowing ..."</p> <p>On 6/30/14 at 2:50 p.m., LPN #1 indicated when asked what should residents do after taking an inhalant? " Rinse and spit." Was that done? "Yes, she rinsed." Did the resident spit after rinsing? "No, she swallowed."</p> <p>On 6/30/14 at 3:10 p.m., the DON provided " Medication &amp; Treatment-General Guidelines for /medication Administration/Assistance" dated 2/3/2013, and indicated that was the policy currently used by the facility. The policy indicated, "Properly trained... associates may administer or assist the</p>						

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R000273	<p>resident with receiving medication ... per physician/primary care provider order and as per state regulation. ... 1. Appropriately trained or licensed associates administering ... medications should follow the 7 Rights of Medication Administration: ... right time, ... 10. Medications should be administered in the correct window of time, that is, 1 hour before or 1 hour after the stated time. ...23. Medications are to be given only within the parameters of the physician's orders. ... 26. Medication errors should be resorted promptly. ..."</p> <p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. A. Based on observation, interview, and record review, the facility failed to ensure food was discarded from 1 of 1 refrigerator when the expiration date had passed and infection control practices were followed in the kitchen by facility staff as indicated by facility policy and 410 IAC Retail Food Establishment Sanitation Requirements Manual. This deficient practice had the potential to affect 38 out of 38 residents being served out of the kitchen. (DA #1, Dietary Manager (DM).</p>	R000273	<p>There were no ill effects for any resident from alleged deficient practice of failing to discard lemon juice with expiration date of 12/8/13, and chicken noodle soup with an open date of 6/24/14. Products were immediately discarded, and DM and DA #1 were immediately reeducated on Brookdale storage and removal of products. Dining associates will be in-serviced on proper storage and removal of food products per Brookdale policy. The Dining Services Manager and DA#1 will complete daily audits to remove</p>		07/31/2014		

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	<p>B). Based on observation and record review, the facility failed to ensure proper handwashing was followed in the dining room by staff as indicated by the facility policy in that staff did not adequately wash their hands while serving the residents during dining. This had the potential to affect 38 out of 38 residents who were served from the kitchen. (CNA #2, HWD).</p> <p>C). Based on observation, interview, and record review, the facility failed to ensure ice was passed in a covered container and the ice scoop was kept in a separate container during dining as indicated by the facility policy. This had the potential to affect 38 of 38 residents who were served in the dining room. (CNA #2).</p> <p>Findings include:</p> <p>A.1). Observation on 6/30/14 at 10:20 a.m., indicated there was a container of chicken noodle soup in the refrigerator with an open date of 6/26/14. There was also lemon juice in the refrigerator with an expiration date of 12/8/13. When asked how long can food be kept after it is cooked, the DM indicated, "Three days." The DM threw out the lemon juice and the chicken noodle soup.</p>		<p>food that is no longer available for use. The Executive Director/or designee will complete weekly audits of food storage to ensure the reported citing does not continue. There were no ill effects for any resident from alleged deficient practice of failing to ensure proper hand washing in the dining room while serving the residents. CNA #1, CNA #2, DA #1, DM, and Health and Wellness Director were immediately reeducated on State and Brookdale hand washing guidelines. The Dining Services Manager/Health and Wellness Director/Executive Director/designee will monitor proper hand washing while serving meals during different shifts daily for 1 week, then 4 times a week for 1 week, 1 x week, monthly, and then quarterly thereafter.</p>				

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	<p>2). Observation on 7/1/14 at 11:20 a.m., indicated DA #1 (Dietary Aide) was cutting cantaloupe for lunch with gloves on. DA #1 put the cantaloupe in serving dishes and put wrap on the cantaloupe. DA #1 then asked the DM (Dietary Manager) for a marker. The DM, with her gloves on, opened a drawer and retrieved a marker from the drawer. She handed DA #1 the marker and she closed the drawer. The DM went back to stirring and monitoring the food. The DA #1 wrote the date on the wrap and put the marker in his pocket and then put the cantaloupe in the refrigerator. He then retrieved strawberries from the refrigerator. The DA #1 washed the strawberries off and proceeded to cut the strawberries for lunch. The DA #1 then wrapped up the strawberries and cantaloupe with the same pair of gloves. The DA #1 then threw the cantaloupe and strawberry debris away, took off his gloves and washed his hands. DA #1 walked toward the dishwasher, threw something away in the the trashcan and picked up a tray of clean dishes. He took the dishes out in the hall and then walked back into the kitchen and washed his hands. At that time, CNA #1 walked into the back of the kitchen and threw away trash in the trashcan. CNA #1 did not wash hands before entering or leaving the kitchen.</p>						

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	<p>On 7/1/14 at 11:06 a.m., the DM provided the "Refrigerated Storage: Quick Reference Guide" policy, dated 7/2009, and indicated the policy was the one currently used by the facility. The policy indicated, "...Cooked meat and meat dishes...3-4 days...Gravy and meat broth...opened 1-2 days..."</p> <p>On 7/1/14 at 3:30 p.m., the Director of Nursing (DON) provided the "How to: Hand Washing-Associates" policy, no date, and indicated the policy was the one currently used by the facility. The policy indicated, " Suggested Guidelines...Before touching, preparing, or serving food...the use of gloves does not replace hand washing..."</p> <p>On 7/2/14 at 10:48 a.m., the Executive Director (ED) provided the "Hand Washing" policy, no date, and indicated the policy was the one currently used by the facility. The policy indicated, "Hand washing shall always follow any act that offers a possibility that the hands have picked up contaminants...touching clothing, touching hair, handling equipment...leaving the preparation area..."</p> <p>On 7/2/14 at 4:30 p.m., the review of 410 IAC Retail Food Establishment</p>						



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	<p>Sanitation Requirements Manual indicated, "Gloves; use limitation, Sec. 246. (a) if used, since use gloves shall be: (1) used for only (1) task, such as working with ready-to-eat foods or with raw animal food; (2) used for no other purpose; and (3) discarded when (A) damaged or soiled; or (B) interruptions occur in the operation..."</p> <p>Review on 7/2/2014 at 4:45 p.m., of 410 IAC Retail Food Establishment Sanitation Requirements Manual indicated, "Food employees shall clean their hands and exposed portions of their arms as specified under section 128...immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and the following:...(6) After handling soiled surfaces, equipment, or utensils. (7) During food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks...(9) Before touching food or food-contact surfaces. (10) Before placing gloves on hands. (11) After engaging in other activities that contaminate the hands..."</p> <p>B). 1. On 6/30/2014 at 11:55 a.m., an observation of CNA #2 (Certified</p>						

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	<p>Nursing Assistant) indicated she began serving beverages to the residents in the main dining room from the beverage cart. After serving the third table, CNA #2 touched her hair and then resumed passing beverages. No observation of handwashing or hand sanitizing prior to serving the residents.</p> <p>On 6/30/2014 at 12:05 p.m., an observation of CNA #2 leaving the beverage cart to take residents' wheelchair and walker out of the dining room and into the hallway. CNA #2 then returned to the main dining room and began serving beverages without handwashing or hand sanitizing.</p> <p>2. Observation on June 30 at 12:20 p.m., the HWD (Health and Wellness Director) was in the dinning room passing lunch meal plates. She stopped to talk with a resident sitting at a table, shook the residents hand, rubbed his shoulder and talked to him. She then returned to the serving window retrieved another meal tray, walked to another resident's table removed the plate from the tray by placing a hand on the side of the plate and put the plate in front of a resident. No hand washing or sanitizing was observed between serving residents.</p> <p>On 7/2/2014 at 10:48 a.m., the Executive</p>						

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	<p>Director provided the "Handwashing" policy related to dining, undated, and indicated the policy was the one currently used by the facility. The policy indicated: "Handwashing shall always follow any act that offers a possibility that the hands have picked up contaminates. This includes but is not limed to: sneezing, coughing, touching, clothing, touching hair, handling equipment, handling potential hazardous foods, smoking, leaving the preparation area and using the telephone...."</p> <p>C). On 6/30/2014 at 11:55 a.m., an observation of CNA #2 passing ice and filling beverages in the main dining room indicated she was passing ice to the residents from an open container with the scoop inside the ice container.</p> <p>On 6/30/2014 at 12:05 p.m., an observation of CNA #2 leaving the beverage cart unattended in the main dining room with the ice open and the scoop inside the open container of ice. CNA #2 was observed to take residents' wheelchair and walker out to the hallway then returned and resumed passing ice and beverages from the same container.</p> <p>On 7/2/2014 at 11:45 a.m., the Executive Director provided the "Dispensing of Ice" policy, dated 2013, and indicated the</p>						

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	<p>policy was one currently used by the facility. The policy indicated: "Tongs, scoops or other ice dispensing utensil shall be used to dispense ice. All ice dispensing utensil shall be stored in an approved holder mounted on the outside of the ice machine or surrounding area....Please consult your state, county, or local health department for additional guidelines."</p> <p>The Indiana State Department of Health Retail Food Establishment Sanitation Requirements. Title 410 IAC 7-24, dated November 13, 2004, section 234 indicated: (a) During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored in one (1) of the following ways: (2) In food that is not potentially hazardous with their handles above the top of the food within container or equipment that can be closed, such as bins of ice, sugar, flour, or cinnamon.... ...(5) In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not potentially hazardous."</p>						
R000300	410 IAC 16.2-5-6(c)(4) Pharmaceutical Services - Deficiency						

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	<p>(4) Over-the-counter medications, prescription drugs, and biologicals used in the facility must be labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date.</p> <p>Based on observation, interview, and record review, the facility failed to ensure expired medication were discarded from for 1 of 1 medication cart and 1 of 1 medication storage closet. (Resident #13, Resident #14, Resident #15, Resident #16, Resident #17, Resident #18, Resident #19, Resident #20)</p> <p>Findings include:</p> <p>a). Resident #16's imoquimod 5% cream (treat growth on skin) dispense date 9/11/12 and expiration 4/2014, pink bismuth dispense date 5/17/13 and expiration 6/2014, polyethylene glycol dispense date 10/9/12 and expiration date 5/2014.</p> <p>b). Resident #17's peroxide dispense date 1/6/12 and expiration date 9/2013.</p> <p>c). Resident #18's Coreg (treats blood pressure) dispense date 7/5/13 and expiration date 6/11/14. The DON indicated, "The dose was changed to 1/2 tablet instead of a whole tablet, so we have discontinued this whole tablet. I am</p>	R000300	<p>Resident #13 expired medications was immediately discarded per state regulations and Brookdale policy and procedure, Resident #14 expired medications was immediately discarded per state regulations and Brookdale policy and procedure, Resident #15 expired medications were immediately discarded per state regulations and Brookdale policy and procedure, Resident #16 expired medications were immediately discarded per state regulations and Brookdale policy and procedure, Resident #17 expired medications were immediately discarded per state regulations and Brookdale policy and procedure, Resident #18 expired medications were immediately discarded per state regulations and Brookdale policy and procedure, Resident #19 expired medications were immediately discarded per state regulations and Brookdale policy and procedure, and Resident #20 expired medications were immediately discarded per state regulations and Brookdale policy and procedure. Family of resident #13, 14,15,16,17, 18 and 19 were notified of need for</p>		07/31/2014		

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	<p>waiting on my delivery of the drug buster [a container that dissolves the medications]."</p> <p>2.) On 7/2/14 at 10:04 a.m., observation of the medication cart with LPN #2 indicated the following:</p> <p>a). Resident #19's Advair (treatment of asthma and chronic obstructive pulmonary disease) with expiration date 5/2014 and no dispense date.</p> <p>b). Resident #20's Nitrostat (treatment of chest pain) expiration date 6/2014 no dispense date.</p> <p>LPN #2 indicated when asked if those pass dates meant medications had expired and can't be used " I guess. I need to reorder them." LPN #2 was observed to put the medications back into the medication cart.</p> <p>On 7/2/14 at 11:38 a.m., the DON provided "Medications &amp; Treatments -Unused Medication Disposal/Return to Resident/Legally Responsible Party or Pharmacy" dated 4/2013, and indicated the policy was the one currently used by the facility. The policy indicated " ... Discontinued and Unused Medications: ... unused and discontinued non-controlled medications ... should be</p>		<p>replacement medication. No other residents were identified affected by the alleged deficient practice. Medication carts and medication storage area were audited for expired medications and no other expired medications were identified. The Health and Wellness Director/designee will complete medication cart and medication storage audits for expired medication weekly x4, monthly x2 and quarterly thereafter. Staff will be in-serviced on the importance of monitoring for expiration dates and labeling over the counter medications. The Executive Director will monitor process and results will be reviewed monthly in the collaborative care review meetings and advice on ongoing monitoring.</p>				

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R000414	<p>disposed of properly at the community within seven days. ... Expired Medications: Expired medication should be disposed of properly at the community within seven days."</p> <p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation, interview, and record review, the facility failed to ensure proper handwashing and glove use were followed during medication administration and glove use when administering insulin injection as indicated by the facility policy and Center for Disease Control for 1 of 4 randomly observed residents for medication administration. (Resident #10) (LPN #2)</p> <p>Findings include:</p> <p>On 7/1/14 at 11:45 a.m., observed LPN #2 to open model apartment door, walk into an office to the medication storage closet, unlock the door with a key, and retrieved Resident #21's Humalog insulin from the refrigerator. No handwashing was observed. LPN #2 wiped the top of</p>	R000414	<p>There were no ill effects noted from alleged deficient practice for resident #10. Nurse #2 was re-educated on the proper hand washing techniques when passing medications and administering injections. No other residents were affected by the alleged deficient practice. The Health and Wellness Director/designee completed random medication pass audits with other nursing staff to identify any other residents that could be affected by alleged deficient practice. The nursing staff will be in-serviced on the proper hand washing techniques per Brookdales policy. The Health and Wellness Director/designee will complete random audits during different shifts of hand washing techniques for daily x1 week, 4 x a week x1 week, 1 x a week x1 week, monthly, quarterly</p>		07/31/2014		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>the insulin bottle, drew up 2 units of insulin, opened the closet, opened the refrigerator and placed the insulin back into the refrigerator.</p> <p>LPN #2 walked to the main dining room, placed on gloves and administered the insulin injection to Resident #21. No handwashing was observed before placing on the gloves. LPN #2 removed the gloves, placed the needle and trash in the gloves. No handwashing was observed. LPN #2 walked over to the medication cart and threw the trash away.</p> <p>On 7/1/14 at 12:00 p.m., interview with LPN #2 indicated, when asked what is the facility policy on handwashing and glove use? " To tell you the truth I don't know." When asked if she should have hand washed before drawing up the insulin, before administering the insulin and before placing on the gloves. "I washed my hands before I came to get you. I remember because I had just left from applying cream to another resident." When asked if her hands were contaminated when touching doors and keys? "Well yes,that's why I put on gloves."</p> <p>On 7/2/14 at 3:36 p.m., the DON provided "How To: Hand Washing -Associates", dated December 2007, and</p>		<p>therafter. The Executive Director or designee will monitor process and results will be reviewed monthly in the collaborative care review meetings and advice on ongoing monitoring.</p>				



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	<p>indicated the policy was the one currently used by the facility. The policy indicated, " ... 1. Appropriate fifteen (15) to twenty (20) second hand washing should be performed in situation including but not limited to: ...Before performing invasive procedures, ... Before preparing or handling medications, ... 3. The use of gloves does not replace hand washing. ..."</p> <p>On 7/1/14 review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated "...</p> <ul style="list-style-type: none"> <li>· Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.</li> <li>· Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.</li> <li>· Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.</li> <li>· Rinse your hands well under clean, running water.</li> <li>· Dry your hands using a clean towel or air dry them"</li> </ul>						

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